KENTUCKY DEPARTMENT OF INSURANCE AGENT LICENSING DIVISION

P.O. Box 517 Frankfort, KY 40602-0517 502-564-6004

http://insurance.ky.gov/

REQUEST FOR WAIVER OF RENEWAL PROCEDURES or EXEMPTION FROM EXAMINATION or EXTENSION FOR CONTINUING EDUCATION

DUE TO ACTIVE MILITARY SERVICE DEPLOYMENT

(Licensee Na	me)	(DOI #)	(Telephone Number)
(Street or Pos	st Office Address)	(City, State, and ZIP)	
PLEASE CH	ECK APPROPRIATE REQUEST:		
• Exempt	of Renewal Penalties and Sanctions*. Attack planation of which renewal procedures show occumentation proving or affidavit swearing to of Continuing Education Requirements*. Attackplanation of why continuing education requirements and the penalties of the proving or affidavit swearing to the commentation proving or affidavit swearing to the commentation of the proving of Examination*. Attachments required:	uld be waived and why. the dates of active military tachments required: uirements could not be co effort to meet requirements the dates of active military	ompleted within the 2-yeas prior to deployment.
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(Signature)		(Date)	
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NOTE: The Department will review requests on a case by case basis and will provide a response in writing.

^{*} KRS 304.9-200(3)

^{**}KRS 304.9-295(7)